

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
304		Invalid Batch Type		N/A	N/A					General
1120		Billing Prov is Mis or Inv	Deny	16	M57	M58				Provider Eligibility
1128		Member ID missing or invalid and no attachment		140						Member Eligibility
1129		Member ID is Mis or Inv	Deny	140						Member Eligibility
1130		Member DOB is Mis or Inv	Inactive	16	MA38	M58				Member Eligibility
1131		Billing Prov Sig Missing or Invalid	Deny	16	MA70					Provider Eligibility
1175		Header Level Override Location Code Inv		N/A	N/A					General
1187		Header EOB Invalid		N/A	N/A					General
1188		COB Amt is Inv	Deny	16	MA04	MA64				General
1189		Claim Type Match List Parm 4463		2	MA04	MA92	N18			General
1190		MCare Allowed Amt is Zero or Missing	Deny	16	N6	N18				Medicare X-overs
1192		From Service Date is Invalid		16	M52					
1193		Special Bath - Fiscal Agent Review Required	No Code Need Data Val	n/a	n/a					
1203		EOB LI Invalid		16	M50					General

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1301		FDOS After LDOS	Deny	16	M52	MA06				General
1302		TDOS After Batch Date	Deny	16	M59					General
1303		Accident Date After LDOS	Pay And Report, Generate MSQ	16	M52	M59				General
1304		LDOS is Mis or Inv	Deny	16	M59					General
1320		Total Clm Chrg Cnfl		16	M54					General
1330		Sub Units of Serv Mis or Inv	Deny	16	N59					General
1340		Medical Diagnosis Required	Deny	47	M64					General
1361		MCare Paid Date Mis or Inv	Deny	16	N59					Medicare X-overs
1362		Mcare Payment Date Before LDOS or After Batch Date	Deny	16	M52					Medicare X-overs
1363		Deductible Or Coinsurance On Crossover Claim	Deny	16	MA68					Medicare X-overs
1364		Sum of Ded and Coins is Greater than Mcare Allowed Amt	Deny	16	N14	N18				Medicare X-overs
1366		Hospital Based Rural Health Clinics Must Use Type of Bill 711		16	MA30					Hospital
1369		Claim type 19 must be billed on paper claim form w/Mcare EOMB attch		16	N29					Medicare X-overs
1370	1200	Mod 1 Invalid	Deny	4	M78					General

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1371	1201	Mod 2 Invalid	Deny	4	M78					General
1372		Mod 3 Invalid		4						
1373		Mod 4 Invalid		4	M86					
1374		Spenddown Attachment requires Manual Review		133						
1375		Attachment 34 Requires Manual Review	Pay & Report code Not Needed							
1376		Attachment on Electronic Claim-Recycle		133						
1377		Electronic Attachment Not Received		16	N29					
1500		Place of Serv is Mis or Inv	Deny	16	M77					General
1503		HCFA-1500 Auto Acc Ind Inv	Pay And Report, Generate MSQ	16	N59					General
1504		HCFA-1500 Oth Acc Ind Inv	Pay And Report, Generate MSQ	16	N59					General
1505		Diag Related Code Invalid		16	N59					General
1506		HCFA-1500 Occp Rltd Ind Inv	Pay And Report, Generate MSQ	16	N59					General
1521		Net Clm Chrg Cnfl		16	M54					General
1533		Dental Occp Rltd Ind Inv	Deny	16	N59					Dental

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1534		Dental Occp Rltd Date Inv	Deny	16	N59					Dental
1535		Dental Auto Acc Ind Inv	Deny	16	N59					Dental
1539		Tooth Surface Invalid	Deny	16	N75					Dental
1540		Tooth/Quadrant Nbr Invalid	Deny	16	N37					Dental
1541		Proc Missing		16	N64	M51				General
1542		2nd Tooth Surface Invalid	Deny	16	N75					
1543		3rd Tooth Surface Invalid	Deny	16	N75					Medicare X-overs
1544		4th Tooth Surface Invalid	Pend for Medical Review	16	N75					Psych
1545		5th Tooth Surface Invalid	Deny	16	N75					Hospital
1557		DME Serial Number is Required	Deny	16	M99	N150				DME
1558	1205	Units Billed Invalid for a Rental Code	Deny	16	N56					DME
1600		Admit Source Invalid		125	MA42					Hospital
1601		Admit Type Invalid	Deny	125	MA41					Hospital
1602		Rev Code is Mis	Deny LI	16	M50					Hospital
1603		LI DOS Outside From/Thru Dates	Deny LI	16						General

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1604		Admit Date is Mis or Inv	Deny	16						Hospital
1605		Missing or Invalid Covered/Non-Covered Days	Pay and Report	16	MA32	MA33				Hospital
1606		Hospice Units of Serv Invalid	Deny	16	N59					Hospice
1607		Hospice Subm Units GT Tot Days	Deny	16	N59					Hospice
1608		Admit Hour Mis or Inv	Deny	16	N46					Hospital
1609		Patient Status Invalid	Deny	16	MA43					Hospital
1610		Non-Covered Chrg Cnfl	Deny	16	M54					Hospital
1611		Rev Code 169 Cnfl		16	M50					Hospital
1612		ICD-9 Surg Code not within From/Thru Dates	Deny	125	M67					Hospital
1613		Inpatient Admission Less Than 24 Hours, Deny, Rebill As Outpatient Observation		125	MA30					Hospital
1614		Type of Bill is Mis or Inv	Deny	16	MA30					Hospital
1615		Service Date Missing of Invalid		16	M52	M59	MA40			Hospital
1616		Dialysis Services NonCovered for Outpatient	Deny	16	M50					Hospital
1617		Invalid Swing Bed Revenue Code Billed	Deny	16	M50					Hospital
1618		Admission Date is After From Date of Service	Deny	16	MA40					Hospital

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
1620		Discharge Hour Missing/Invalid	Deny	16	N50					Hospital
1621	1204	Revenue Code is Invalid For Dialysis Program	deny	16	N56					Hospital
1622		Psychiatric Services Are Limited To Short Term Acute Care - with attachment		133	N10					
1623		Operating Room and Kidney Transplant Must Be Billed Together		B5	N59					
1624	1546	Birth Center Revenue Code Cannot Be Billed With Labor Room Revenue Code	Deny	16	M50					Hospital
1625	1547	Value Code Visits Do Not Correspond to the Revenue Code Units Billed	Deny	16	M49	M50				Hospital
1626	1548	Occurrence/Value Code Data Must Be Entered for Therapy and Psychiatric Services	Deny	16	M45	M49				Psych
1627	1549	Inpatient Respite Care Not Covered For Nursing Home Resident	Deny	16	N47	N59				Hospital
1628		Hospics Nursing Home Units Are Greater Than Covered Days		16	MA32					
1629	1542	Co-Insurance Amount Exceeds Allowable	Deny	2	MA34					Medicare X-overs
1630	1551	Invalid Dialysis Condition Code	Deny	125	M44					Hospital
1631	1552	Invalid Dialysis Patient Status	deny	16	MA43					
1633		Mcare Deductible Greater Than Yearly Amt		1						
1634	1553	Invalid Type Of Bill For Dialysis Services	deny	16	MA30					

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
1635		Psychiatric Services Are Limited To Short Term Acute Care - w/o attachment		17	N10					
1721		1st Condition Code Invalid	Deny	16	M44					Hospital
1722		2nd Condition Code Invalid	Deny	16	M44					Hospital
1723		3rd Condition Code Invalid	Deny	16	M44					Hospital
1724		4th Condition Code Invalid	Deny	16	M44					Hospital
1725		5th Condition Code Invalid	Deny	16	M44					Hospital
1726		6th Condition Code Invalid	Deny	16	M44					Hospital
1727		7th Condition Code Invalid	Deny	16	M44					Hospital
1731		1st Surg Proc Cd/Dt Mis or Inv	Deny	16	M67	MA66				Hospital
1732		2nd Surg Proc Cd/Dt Mis or Inv	Deny	16	M67	MA66				Hospital
1733		3rd Surg Proc Cd/Dt Mis or Inv	Deny	16	M67	MA66				Hospital
1734		4th Surg Proc Cd/Dt Mis or Inv	Deny	16	M67	MA66				Hospital
1735		5th Surg Proc Cd/Dt Mis or Inv	Deny	16	M67	MA66				Hospital
1736		6th Surg Proc Cd/Dt Mis or Inv	Deny	16	M67	MA66				Hospital

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
1740		1st Occur Span Code Invalid	Deny	16	M46					Hospital
1742		2nd Occur Span Code Invalid	Deny	16	M46					Hospital
1745		1st Occur Span Date Mis or Inv	Deny	16	M46					Hospital
1746		2nd Occur Span Date Mis or Inv	Deny	16	M46					Hospital
1751		1st Occur Code Invalid	Deny	16	M45					Hospital
1752		2nd Occur Code Invalid	Deny	16	M45					Hospital
1753		3rd Occur Code Invalid	Deny	16	M45					Hospital
1754		4th Occur Code Invalid	Deny	16	M45					Hospital
1755		5th Occur Code Invalid	Deny	16	M45					Hospital
1756		6th Occur Code Invalid	Deny	16	M45					Hospital
1757		7th Occur Code Invalid	Deny	16	M45					Hospital
1758		8th Occur Code Invalid	Deny	16	M45					Hospital
1761		1st Occur Code/Date Mis	Deny	16	M45					Hospital
1762		2nd Occur Code/Date Mis	Deny	16	M45					Hospital
1763		3rd Occur Code/Date Mis	Deny	16	M45					Hospital



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1764		4th Occur Code/Date Mis	Deny	16	M45					Hospital
1765		5th Occur Code/Date Mis	Deny	16	M45					Hospital
1766		6th Occur Code/Date Mis	Deny	16	M45					Hospital
1767		7th Occur Code/Date Mis	Deny	16	M45					Hospital
1768		8th Occur Code/Date Mis	Deny	16	M45					Hospital
1801		1st Value Code Invalid	Deny	16	M49					Hospital
1802		2nd Value Code Invalid	Deny	16	M49					Hospital
1803		3rd Value Code Invalid	Deny	16	M49					Hospital
1804		4th Value Code Invalid	Deny	16	M49					Hospital
1805		5th Value Code Invalid	Deny	16	M49					Hospital
1806		6th Value Code Invalid	Deny	16	M49					Hospital
1807		7th Value Code Invalid	Deny	16	M49					Hospital
1808		8th Value Code Invalid	Deny	16	M49					Hospital
1809		9th Value Code Invalid	Deny	16	M49					Hospital
1810		10th Value Code Invalid	Deny	16	M49					Hospital

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
1811		11th Value Code Invalid	Deny	16	M49					Hospital
1812		12th Value Code Invalid	Deny	16	M49					Hospital
1821		1st Value Cd/Amt Mis	Deny	16	M49					Hospital
1822		2nd Value Cd/Amt Mis	Deny	16	M49					Hospital
1823		3rd Value Cd/Amt Mis	Deny	16	M49					Hospital
1824		4th Value Cd/Amt Mis	Deny	16	M49					Hospital
1825		5th Value Cd/Amt Mis	Deny	16	M49					Hospital
1826		6th Value Cd/Amt Mis	Deny	16	M49					Hospital
1827		7th Value Cd/Amt Mis	Deny	16	M49					Hospital
1828		8th Value Cd/Amt Mis	Deny	16	M49					Hospital
1829		9th Value Cd/Amt Mis or Inv	Deny	16	M49					Hospital
1830		10th Value Cd/Amt Mis	Deny	16	M49					Hospital
1831		11th Value Cd/Amt Mis	Deny	16	M49					Hospital
1832		12th Value Cd/Amt Mis	Deny	16	M49					Hospital
1901		Replcmt/Cred of Denied Clm		16	N142					General

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1902		Cred/Replcmt TCN Mis or Inv	Deny	16	N152	M47				General
1903		Replcmt or Cred is in Process	Deny	18						General
1904		Member ID Match Not Found	Deny	31						Member Eligibility
1905		Bill Prov Match Not Found	Deny	16	MA 61	N77				Provider Eligibility
1906		Clm Already Cred or Replcd	Okay	18						General
1907		Clm Not Found On Hx	Okay	16	N152					General
1908		FT Cannot Be Cred/Replcd	Okay	109	M47					General
1909		A Credit May Not Be Adjusted	Okay	B5	N59					General
1910		Invalid Adjustment Reason Code	Okay	16	N152					General
1911		Claim Over 5 Years Old - Cannot Replace		B5	N59					
2141		Member Not Found- <b>without attachment</b>		31	MA130					Member Eligibility
2143		Member Not Eligible- <b>without attachment</b>		28	MA31					Member Eligibility
2146		Member Not Found – Eligibility Attachment	Pend for review	31	MA130	MA27				Member Eligibility
2148		Member has partial eligibility – with eligibility attachment		141	N74	MA06				Member Eligibility
2149		Member Has Partial Eligibility	Deny/Pend	141	N74	MA06				Member Eligibility

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2222		Member Name Mismatch	Deny/Pend	140	MA27	MA36				Member Eligibility
2253		CIm DOS/Member DOD Cnfl		13						Member Eligibility
2254		Claim Date of Services / Member Date of Death Conflict - Without Attachment	deny	13						
2263		Crossover Claim – No Medicare on File	Pay and report	28	N8					Medicare X-overs
2264		Member is MCare Part A Eligible	Deny	22	MA85					Member Eligibility
2266		QMB Member Eligible for MCare Crossovers Only	Deny	107	N36	M38				Member Eligibility
2274		Patient Stat/Member DOD Cnfl	Pay and report	13	MA43	MA31				Member Eligibility
2288		Member Not Eligible – With Eligibility Attachment	Pend for review	28	MA31					Member Eligibility
2289		Member not locked into GBHC provider on Date of Service		52	N31	N52				Member Eligibility
2290		Member Ineligible For Nursing Home on Dates of Service		28	N30	MA43				Member Eligibility
2314		Claim Not Covered for Presumptive Eligibility	Deny	28	N30	MA43				Member Eligibility
2331		No LTC Span Available for First Date of Service – Recycle	Recycle 30 days	28	N30	MA43	MA31			Long Term Care
2336		Billing Provider Not Authorized by LTC Span – Recycle	Recycle	52	M57					Provider Eligibility Long Term Care
2337		Provider Not Authorized by Nursing Home Span		22	M57					

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2357		No Hospice Lockin Available for Dates of Service	Deny	28	N59					Member Eligibility
2702		Date of Service Before Date of Birth	Deny	14	MA38					Member Eligibility
2703		Member On Medical Review	Okay	133	MA07	MA31				Member Eligibility
2710		Claim Spans Eligibility Segments For QMB, Presumptive Or Hospice Aid Categories		141	MA31	M46	N74			Member Eligibility
2714		Claim Spans a Member Hospice Segment - No Attachment		B9						Hospice Member Eligibility
2715		Claims Spans Hospice Segment w/ Attachment		B9	N66					Hospice Member Eligibility
2716		Member Has Elected to Receive Hospice Service		B9	MA31					Hospice Member Eligibility
2717		Maintenance Dialysis Must Be Billed Under The Dialysis Program	Deny	6	M50	M45				Hospital
2718		Inpatient Claim Billed for Dialysis Patient	Deny	A1	M50	N34				Hospital
2719		Member Is Not Certified For Dialysis	Deny	62	N30	MA31	M50	M45		Hospital Member Eligibility
2720		Dialysis Recipient Restricted To Specific Providers For Dates of Service	Deny	38	N32					Hospital Member Eligibility
2721		Claim Dates of Service Are Outside Dialysis Certification	Deny	57	MA31	N30	MA43	M46		Hospital
2722		Member Is Provider Restricted		38	N32					Member Eligibility
2723		Member Name Missing or Invalid- <b>without attachment</b>		16	MA130					General
2725		PeachCare Members are Not Eligible Receive Services under this COS		B1	N30					Member Eligibility

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2727		Hospice Certification Pending		B9						Provider Eligibility Hospice
2728		Hospice Claim Spans a Member Hospice Segment		16	MA31					Hospice
2729		Claim Spans a Member Hospice Segment- <b>without attachment</b>		16	MA31					Hospice Provider Eligibility
2731		Member in HMO For Date Of Service		120	N30					Member Eligibility
2735		Member Name Missing or Invalid With Attachment		16	MA130					Member Eligibility
2736		Claim Date of Services Spans Medically Needy Eligibility; Resubmit with Authorization Form Attached		30	N36					Member Eligibility
2737		Claim Spans a Member Hospice Segment with Attachment		B9	N20	MA31	N54			Member Eligibility
2740		Member Has Elected to Receive Hospice Service with Attachment		62	MA31	N30				Hospice Member Eligibility
2741		Resubmit with Form DPH/HIS (3) – 57 from Children's Medical Service		16	N66					Member Eligibility
2742		Member Name Mismatch-With Attachment		16	MA36					
2743		Date of Service Before Date of Birth-with attachment		133 - 14						
2744		First Day Liability Amount Missing		30						
2745		Claim Exceeds Filing Time Period -With attachment		133 - 29	N59					
2746		Claim Exceeds Filing Time Period -Without attachment		29	N59					

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2747		Date of Service Exceeds Tim Limit		29	N59					
2748		First Day Liability Error		30						
2749		GAPP Lockin or Authorization Required		62						
2750		Date of Birth Entered Does Not Match Date of Birth on Member Database	Pay & Report code Not Needed							
3165		Invalid Provider Spec Code	Deny	16	M57	MA82	MA102	N77		Medicare X-overs Provider Eligibility
3287		Othr Prov Not on DB or has no active COS	Inactive	B7	M57	MA82	MA102	N77		Dental
3288		Ref Prov Not on DB		52	M57	MA82	MA102	N77		Provider Eligibility
3300		Pay to Provider ID Not on Database	Deny	52	M57	MA82	MA102	N77		Provider Eligibility
3313		Category of Service Cannot be Determined	Deny	52	N34	N59				Provider Eligibility
3348		Servicing Prov Can Submit Crossovers Only		52	N95					Medicare X-overs Provider Eligibility
3378		Referring Prov Not Elig on DOS	Deny	B7	M57					Provider Eligibility
3412		Rendering Provider Not on database	Deny	B7	M57	MA82	MA102	N77		Provider Eligibility
3413		Rend Prov is Under Revw	Suspend	133	N35					Provider Eligibility
3414		Rend Prov License Expired	Suspend	133	N31					Provider Eligibility
3415		Rendering Provider License Expired		52	N31					

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3422		Rend Prov Not Enrolled	Deny	38	M57	MA82	N77			Provider Eligibility
3699		Provider Not Enrolled for Electronic billing	IGNORE	125	M117					Provider Eligibility
3725		Nursing Facility Provider Number Not Enrolled On Dates Of Service For Category of Service	Deny	38	MA134					Provider Eligibility
3727		Co-insurance not valid for COS		109	N95					
3728		Out-of-State Claim, Suspend for Review		133	MA07					Provider Eligibility
3729		Procedure Code Non-Covered for Ambulatory Surgical Center		5	N79					Provider Eligibility
3730		Procedure Code Non-Covered For Birthing Center		5	N79					Provider Eligibility
3731		Provider Not Enrolled in the Vaccines for Children Program		B7	M57					Provider Eligibility
3732		Billing Provider Not Authorized for Program		52						Provider Eligibility
3733		Provider Not Authorized for Members Aged 21 and Over	Deny	6	N30					Provider Eligibility
3734		Provider Not Allowed to Bill Technical Component		52	N95					Provider Eligibility
3735		Provider Not Allowed to Bill Technical Professional Component		52	N95					Provider Eligibility
3736		Units Billed Invalid for a Rental Code		16	M53					
3737		Claim Spans 2 Calendar Years		16	M59					



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3738		DME Supplies Must Be Billed Monthly Not to Exceed 31 days		16	M59					
3739		Procedure Code Y3005, Date of Service Cannot Exceed 14 days on One line	IGNORE							
3740		FDOS and TDOS Must Equal The Last Day of The Month		16	MA06					
3741		Sub Charge is Missing or Invalid		16	M54					General
3742		Procedure Code Cannot Be Billed After 6 months of Provider's Enrollment		B7	N59					
3743		Provider COS and Member Level of Care Are Inconsistent		57	N59					
3744		Terminate Procedure Code - Pend to DCH for Pricing		133 - B18						
3745		Procedures Not Allowed on Claim With Model Waiver/ Independent Care Services		16	N20					
3750		EMC Submitted Pay to Provider Does Not Match Pay To Provider	IGNORE							
3751		Line Rendering Providers Have Differing Pay to Providers for EMC/837 Claims	IGNORE							
3752		No Pay To Provider Found on the Provider Affiliation Table		133						
4003		Procedure Code Must Be Billed With Revenue Code	Deny	16	M67	M58	MA66			Hospital
4004		Revenue Code With Valid Procedure Code Required	Deny	16 -	M67	M58	MA66			Hospital
4005		Minimum Of 8 Units Must Be Billed With Revenue Code	Deny	16	M53					Hospital

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4006		Revenue Units Are Greater Than Covered Days	Deny	16	M53					Hospital
4007		Reimbursement Exceeds The Maximum Allowable	Deny	16	M50					General
4008		Abortion Procedure Requires Certification Of Necessity Form	Deny	16	N29	M42				Physician Services
4009		Inpatient Claim with No Accommodation Revenue Codes		16	M50					Hospital
4010		Abortion Procedure Requires Certification Of Necessity Form, attachment		133 - A1	N29					
4011		Injectable Drug procedure Is Missing		16	MA66	MA67				
4017		Resubmit With Medical Justification for Inpatient Admit	Deny	16	M42					Hospital
4018		Resubmit With Medical Justification for Inpatient Admit, Claim Contain Attachment		133 -B19						
4019		Family Planning Waiver Edit	Not Active	133						Waiver
4020		Hospital Base Rate Multiplier Not on Institutional Rate File for Calendar Year of Claim Admission Date	Deny	133						Hospital Provider Eligibility
4021		ICD-9-CM Surgical Procedure Code Required When Billing for O/R Services	Deny	16	M67					Hospital
4025		Claim Pending For Review Due to Attachment(s)	Suspend	133						General
4026		Member Liability Segment Not on File - Claim Pended For Review - Recycle		133						

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4027		Member Liability Segment Not on File		133 - 30	N58					
4028		DOS Span Usual and Customary Pricing Effective Dates Split by Bill Month	Deny	125	MA06					General
4030		Procedure Not Allowed With Dialysis Diagnosis	Deny	11						Hospital
4032		D.M.E. and Therapy Non-covered For Nursing Home Resident	Deny	5	M97					DME
4033		Wait Time Can Only be Billed For a Date of Service With a Round Trip	Deny	16	N59					Transportation
4034		Transportation-Units/Miles Not Valid	Deny	16	M22					Transportation
4035		Invalid Anesthesia Hours and/or Minutes	Deny	16	M53					
4036		Anesthesia Not Valid For COS/Provider	Deny	8	N95					Physician Services
4037		Anesthesia On Document Without Surgery Or Same Date of Service	Deny	107						Physician Services
4040		Procedure Codes Invalid For Hospital Visit for Swing Bed Care	Deny	5	M97					Hospital
4042		Valid Encounter Code Must Be Billed For Rural Health Reimbursement	Deny	16	M67					
4044		ICWP Procedure Not Allowed On Same Claim As TBI Procedures	Deny	B5	N20					
4045		Invalid Procedure Billed For COS 670		16	MA66	M67				
4058		Claim Not Valid For Dialysis/Rehabilitation Service	IGNORE							Hospital

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4059		Procedure Not Allowed On Claim With Case Management Services	Deny	B15	N20					Case Management
4060		Valid Encounter Code Not Present On Claim	Deny	16	M67					General
4061		Covered Days Invalid	Pending	77	MA32					Hospital
4065		Mammography Certification Number Missing or Invalid	Deny	B7	N59					Physician Services
4066		Mammography Service Performed Outside of Dates of Certification	Deny	B7	MA31					Physician Services
4100		Discharge Summary Not Covered	Deny	16	N50					Hospital
4101		Psychology Services Not Covered for Members 21 Years of Age or Older	Deny	6						Psych
4102		Trauma/Accident Clm	Deny	133 - 22						
4103		Diag Code Missing	Deny	47	M76					General
4104		Manual Price GT Submitted Charge	IGNORE	133						General
4105	1191	Diagnosis Code Not valid As Primary Dialysis on Inpatient	Deny	11	M64					Hospital
4106		Rate Rec Not Found		133						General
4107		Negative Calculated Allowed Amount	Deny	42						General
4108		Sterilization Consent Form Required	Deny	16	N66					Physician Services
4109		Hysterectomy Form Required	Deny	16	N66					Physician Services

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4110		Diagnosis Code Requires Review by DCH		133						General
4111		High Variance		133 - 125	N14					General
4112		Low Variance	IGNORE							General
4113		Total Charges Exceed Threshold Amount	Report & Pay Code not needed							General
4114		Calc Allowed Charge Too Large	Report & Pay Code not needed							General
4115		Diagnosis Not Valid for DOS	Deny	47						General
4116		Major Program - Service Conflict	Deny	16	MA66	M67				General
4117		Proc/Age Cnfl	Deny	6						General
4118		Part B Only Claim Needs Mcare Payment or Co-insurance or Deductible		16	M49					Medicare X-overs
4119		Diagnosis Requires Review by Fiscal Agent		133						General
4120		Procedure Not Allowed on Claim with Pregnancy Related Services		16	N61					General
4121		Charge Disallowed By Medicare-Refer to Reomb		16	N6	N18				
4122		Medicare Paid Equal Allowed Amount		16	N6					
4123		Medicare Maximum Allowed Amount Paid by Co-Insurance		16	N18					
4124		No Payment Due From Medicaid		16	N6	N18				

**MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk**

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4200		1st Diag Not On DB	Deny	47	MA63					General
4201		1st Diag Not Covered	Deny	47	MA63					General
4202		1st Diag/Age Cnfl	Deny	9	MA63					General
4203		1st Diag/Sex Cnfl	Deny	10						General
4204		1st Diag Invalid for Category of Service	Deny	11						General
4210		2nd Diag Not On DB	Deny	47	M64					General
4211		2nd Diag Not Covered	Deny	47						General
4212		2nd Diag/Age Cnfl	Deny	9						General
4213		2nd Diag/Sex Cnfl	Deny	10						General
4214		2nd Diag Invalid for Category of Service	Deny	11						General
4220		3rd Diag Not On DB	Deny	47						General
4221		3rd Diag Not Covered	Deny	47						General
4222		3rd Diag/Age Cnfl	Deny	9	M82	M89				General
4223		3rd Diag/Sex Cnfl	Deny	10	MA39					General
4224		3rd Diag Invalid for Category of Service	Deny	12	M76					General

**MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk**

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4230		4th Diag Not On DB	Deny	47	M76					General
4231		4th Diag Not Covered	Deny	47	M76					General
4232		4th Diag/Age Cnfl	Deny	9	M82	M89				General
4233		4th Diag/Sex Cnfl	Deny	10	MA39					General
4234		4th Diag Invalid for Category of Service	Deny	12	M64	M76				General
4240		5th Diag Not On DB	Deny	47	M76					General
4241		5th Diag Not Covered	Deny	47	M76					General
4242		5th Diag/Age Cnfl	Deny	9	M82	M89				General
4243		5th Diag/Sex Cnfl	Deny	10	MA39					General
4244		5th Diag Invalid for Category of Service	Deny	12	M76					General
4250		6th Diag Not On DB	Deny	47	M76					General
4251		6th Diag Not Covered	Deny	47	M76					General
4252		6th Diag/Age Cnfl	Deny	9	M82	M89				General
4253		6th Diag/Sex Cnfl	Deny	10	MA39					General
4254		6th Diag Invalid for Category of Service	Deny	12	M76	MA63				General

**MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk**

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4260		7th Diag Not On DB	Deny	47	M76	MA63				General
4261		7th Diag Not Covered	Deny	47	M76	MA63				General
4262		7th Diag/Age Cnfl	Deny	9	M82	M89				General
4263		7th Diag/Sex Cnfl	Deny	10	MA39					General
4264		7th Diag Invalid for Category of Service	Deny	12	M76					General
4270		8th Diag Not On DB	Deny	47	M76	MA63				General
4271		8th Diag Not Covered	Deny	47	M76	MA63				General
4272		8th Diag/Age Cnfl	Deny	9	M76	MA63				General
4273		8th Diag/Sex Cnfl	Deny	10	MA39					General
4274		8th Diag Invalid for Category of Service	Deny	12	M76	MA63				General
4300		Submitted Units Exceed Maximum Allowed Units		42	M53	N54	N14			General
4301		Rend Prov/Lab Class Cnfl	Deny	52	M88	MA69	N54			Physician Services
4302		Proc/Mod 1 Cnfl	Deny	4	N56	M64	M78			General
4303		Proc/Mod 2 Cnfl	Deny	4	M67	M78	N56			General
4304		Proc/Mod 3 Cnfl	Deny	4	M67	M78	N56			General
4305		Proc/Mod 4 Cnfl	Deny	4	M67	M78	N56			General



# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4306		Revenue Code 762 Must Use Valid Units	Pay & Report code Not Needed							
4310		Proc/Place of Serv Cnfl	Deny	5	MA66	M67	M77	N56		General
4311		Proc/Rend Prov Spec Mismatch		8	N91	N94				General
4312		Proc/Rend Prov Type Cnfl	Deny	8	N54	N94				General
4313		Proc/Clm Type Cnfl	Deny	125	MA05	M51				General
4314		Proc Requires Modifier	Deny	4	M78					General
4315		Proc Not On DB		B18	M51					General
4316		Proc/Sex Cnfl	Deny	7	MA66	MA39				General
4317		Proc/Cat of Svc Cnfl	Deny	8	N95					General
4318		Proc Not Covered		48	MA66	M67				General
4319		Procedure Requires Revw		133 - B19						General
4320		Proc Not Valid for Serv Date	Deny	28	M52	M59	MA06			General
4321		Proc Not a Benefit for Serv Date	Deny	28	MA66	MA39				General
4340		Sterilization Form Required	Deny	133 - 16	N66					General
4342		Procedure Lab Class Conflict	Deny	8						Physician Services

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4343		Prov Missing CLIA Number for Lab Service	Deny	16	MA120					Physician Services Provider Eligibility
4344		Procedure Code Requires Review by DCH	Deny	133 - B19						General
4345		Proc Requires Matrix/Manual Price	Deny	92	N45					General
4349		Tooth/Quadrant Nbr Req'd		16	N37					Dental
4350		Tooth Surface Req'd	Suspend	16	N75					Dental
4351		Proc/Tooth/Quadrant Nbr Cnfl	Deny	16	N39					Dental
4352		Proc Rate Does Not Have Valid Price for DOS	Deny	125	M51					General
4361		Ind Lab Must Bill		B6	M88					Physician Services Provider Eligibility
4362		Procedure Code Requires Review By Fiscal Agent		133						General
4363		Review Hysterectomy Attachment		133						Physician Services
4365		Ground Ambulance Service Requires Attachment	Deny	16	N66					Transportation
4501		ICD-9 Procedure Code Requires Review by DCH	Deny	133	M51					Hospital
4502		Rev Not on DB	Deny	16	M50					Hospital
4503		Rev/Billing Prov Type Cnfl		16	M58	N59	M50			Hospital
4504		Rev/Type of Bill Cnfl	Deny	16	M58	N59	M50	MA30		Hospital

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4506		Rev/Cat of Svc Cnfl	Deny	16	M58	N59	M50			Hospital
4507		Revenue Code Requires Review by Fiscal Agent		133	N59					Hospital
4508		ASC Claims Must Contain Revenue Code 490		16	M50					
4509		Service Not Payable for LTC Member	Deny	A1	M58	N59	N30			LTC
4510		Revenue code is not covered for Recipients Sex	Deny	16	MA39	M50				Hospital
4520		9th Diag Not On DB	Deny	16	M64	N59	M58			Hospital
4521		9th Diag Not Covered	Inactive	16	M64	M58				Hospital
4522		9th Diag/Age Cnfl	Deny	9	M64	M58				Hospital
4523		9th Diag/Sex Cnfl		10	MA39	M64	M58			Hospital
4524		9th Diag Invalid for Category of Service		12	M76					
4530		Adm Diag Not On DB	Deny	16	MA65					Hospital
4531		Adm Diag/Age Cnfl	Deny	9	MA65					Hospital
4532		Adm Diag/Sex Cnfl	Deny	10	MA65	MA39				Hospital
4600		1st ICD-9-CM Surg Proc Not On DB	Deny	16	MA66					Hospital
4601		1st ICD-9-CM Surg Proc Not Covered	Deny	48	MA66	N59	M58	N65		Hospital

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4602		1st ICD-9 Surg Proc/Sex Conflict	Deny	7	MA66	MA39	N59	M58		Hospital
4610		2nd ICD-9-CM Surg Proc Not On DB	Deny	16	M67	N59	N65	M58		Hospital
4611		2nd ICD-9-CM Surg Proc Not Covered	Deny	48	M67	N59	N65	M58		Hospital
4612		2nd ICD-9 Surg Proc/Sex Conflict	Deny	7	M67	MA39	N59	M58		Hospital
4620		3rd ICD-9-CM Surg Proc Not On DB	Deny	16	M67	N59	N65	M58		Hospital
4621		3rd ICD-9-CM Surg Proc Not Covered	Deny	48	M67	N59	N65	M58		Hospital
4622		3rd ICD-9 Surg Proc/Sex Conflict	Deny	7	M67	MA39	N59	M58		Hospital
4630		4th ICD-9-CM Surg Proc Not On DB	Deny	16	M67	N59	N65	M58		Hospital
4631		4th ICD-9-CM Surg Proc Not Covered	Deny	48	M67	N59	N65	M58		Hospital
4632		4th ICD-9 Surg Proc/Sex Conflict	Deny	7	M67	MA39	N59	M58		Hospital
4640		5th ICD-9-CM Surg Proc Not On D	Deny	16	M67	N59	N65	M58		Hospital
4641		5th ICD-9-CM Surg Proc Not Covered	Deny	48	M67	MA39	N59	M58		Hospital
4642		5th ICD-9 Surg Proc/Sex Conflict	Deny	7	M67	MA39	N59	M58		Hospital
4650		6th ICD-9-CM Surg Proc Not On DB	Deny	16	M67	N59	N65	M58		Hospital
4651		6th ICD-9-CM Surg Proc Not Covered	Deny	48	M67	N59	N65	M58		Hospital

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4652		6th ICD-9 Surg Proc/Sex Conflict	Deny	7	M67	MA39	N59	M58		Hospital
4653		Sum of Accommodation Days Does Not Equal Total Covered Days	Deny	16	MA32	N59	M58			Hospital
4701		Service Area Radiology/Pathology—Provider Cannot Bill Globally	Deny	16	M66					Physician Services
4702		Review Physician Statement For Service Modifier	Deny	133 - A1	N59					Physician Services
4703		Total of Repair is Greater than Purchase Price	Deny	16	N59	M58				DME
4704		Purchase Procedure Code Required for Item Being Repaired		16	N59	M58				DME
4705		Procedure Code Billed is Not a valid Professional Service		16	N56	N59	M58			Physician Services
4706		Vision Care Services Non-Covered For Adults		46	N59	M58				Vision
4707		Purchase Procedure Code Required for Item Being Modified		16	N59	M58				DME
4708		Non-Emergency Transportation Service Code is Invalid		16	MA66	N59	M58			Transportation
4709		Net Mileage Greater than 350		117						Transportation
4710		Labor Proc Cannot Be Billed w/o Repair on Same DOS		16	N59	M58				DME
4711		Purchase Procedure Code Required for Item Being Modified or Repaired		16	N59	M58				DME
4712		Purchase Procedure Code Required for Item Being Repaired		16	N59	M58				DME
4713		Claim Limited To One Date of Service		16	MA31	M59	N59	M58		General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4714		Claim Spans 2 State Fiscal Years		16	N59	M58				Hospital
4715		Procedure Code Y0407 is Not Allowed without Code Y0414, Y0408, or A0140		16	N66	N59	M58			Procedure Code Specific
4716		Procedure Code Y0412 Only Allowed with Procedure Code Y0400-Y0407 with Equal Mileage and Dates		16	N66	N59	M58			Transportation Procedure Code Specific
4717		Multiple Dates of Service Cannot Be Billed On One Line For Procedure Code		16	MA31	N59	M58			General
4718		E057NU or E0600NU Required with Accessory Code		16	M58	N59				DME
4720		Review Physician Statement For Service Modifier, No Attachment		16	N29	M58				
4721		Labor Proc Cannot Be Billed w/o Repair or Modification on the Same DOS		16	N59					
4801		Hospice Consultant Physician Charges Covered In Hospice Per Diem Reimbursement Rate		97						Hospice
4802		<b>First DRG Interim Bills</b>		135	N59	M58				Hospital
4804		DRG Record Not On DB		A8						Hospital
4805		DRG Pricing Span Not Found		16	MA31					Hospital
4806		DRG Weight Is Missing	Deny	96						Hospital
4807		<b>DRG</b> Claim Qualifies as Outlier	<b>Pay &amp; Report code Not Needed</b>							
4820		DRG RC 1 - Diag Not Prin Diag	Deny	16	MA63	M58				Hospital
4821		DRG RC 2 - No DRG In MDC For Prin Diag	Deny	16						Hospital

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
4822		DRG RC 3 - Inv Member Age	Deny	16	M58					Hospital
4823		DRG RC 4 - Inv Member Sex	Deny	16	MA39	M58				Hospital
4824		DRG RC 5 - Inv Disch Stat	Deny	16	N50	MA43	N59	M58		Hospital
4825		DRG RC 6 - Illogical Prin Diag	Deny	47	MA63	N59	M58			Hospital
4826		DRG RC 7 - Inv Prin Diag	Deny	47	MA63	N59	M58			Hospital
4902		Rev Not a Benefit for Serv Date	Deny	46	M58					Hospital
4903		Rev Not Valid for Serv Dates	Deny	16	M50	M58				Hospital
4904		Rev Requires Manual Revw		42	M58	N59				Hospital
4905		Revenue Code Must Be Laboratory		16	M50	N59				Hospital
4906		HCPCS Code Must Be Laboratory	Deny	8	M51					Physician Services
4907		Rev Requires Manual Price		42	N14					Hospital
4908		Proc/ <b>Rev</b> Requires Price	Inactive	42	N14					General
4909		Non Patient Claim Must Bill Only Laboratory charges		16	M50					
5000		Only Waivered Services Nursing Procedure Codes Allowed	Deny	16	N59	M58				Waiver
5001		GAPP Authorization Number is Invalid	Deny	15	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
5002		Surgical Procedure Requires Prior Auth if Performed in Nursing Home or Patient's Home	Inactive	62	N59	M58				Physician Services
5004		Total Charges of Repair Items Cannot Exceed \$200 w/o PA		62	N59	M58				DME
5005		Line Charge for Purchase Cannot Exceed \$200 w/o PA	Deny	62	N59	M58				DME
5006		Ambulance Mileage Exceeding 150 Miles Per 1-way Trip Requires Prior Auth		62	N59	M58				Transportation
5007		Hospital Outpatient COS with Emergency Revenue Codes Requires Prior Auth	Deny	62	N59	M58				Hospital
5008		Prior Auth Required for Hyperbaric Oxygen Therapy		62	N59	M58				
5009		No Other Type of Prior Auth Allowed On The Same Claim With Precertification		A1	M58					General
5012		Auth Header Status Suspended		62						
5013		Claim procedure code does not match PA Procedure Code	Deny	A1	M58	N54				General
5014		Auth LI Status Suspend		62						
5015		Auth LI Status Deny	Deny	39	M58	N59				General
5016		Georgia Better Health Care Authorization Number is Missing or Invalid	Deny	15	M62	N59	M58			General
5017		Pre-certification is required	Deny	62						General
5018		Member Id Does Not Match PA Member ID		16	MA27	M58				
5020		Auth Is Denied/ <b>Paid/Suspended</b>	Deny	39	N59					General



# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
5021		Auth/Prov Cnfl	Deny	15	N32	M58				General
5022		Claim DOS is not Within PA Approved Effective Dates		15	MA06	N54				General
5024		Auth/Mod Cnfl	Deny	16	M78	M58				General
5025		Auth/Tooth Num Cnfl	Deny	16	N37	M58				Dental
5026		Auth/Tooth Surf Cnfl	Deny	16	N75	M58				Dental
5027		Auth Required For Out-of-State Billing, Claim Has Attachment	Inactive	62	N59					General
5028		Auth Required for Out-of-State Prov, No Attachment	Deny	62	N59					General
5029		Auth ID Not Found	Deny	15	M62					General
5030		Claim procedure code does not match the pre-certified Procedure Code	Deny	15	N54					General
5031		Procedure Billed has been Pre-certified for Outpatient Only (delete service)		15	N54	M77				General
5036		Authorization ID is missing, no attachment		62						General
5037		Authorization Idnot found Claim has attachment		62						General
5041		Claim COS must Correspond to PA File COS		15	N54					General
5750		Member Has Primary Insurance Coverage – Resubmit With COB Payment Amounts		22	MA04	MA92				Third-Party Liability
5751		COB Casualty Resource Available		20						Third-Party Liability

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
5753		COB Worker's Compensation		19						Third-Party Liability
5754		COB Resources Available for Trauma/Accident Related Incident – State Review		21 - 133	MA11					Third-Party Liability
5755		COB Resources Available for Black Lung Diagnosis		109	MA16					Third-Party Liability
5756		COB Payment is Insufficient		16 - 133	N29					Third-Party Liability
5757		COB Indicated On Claim Form – No Resource On File		23 - 133						Third-Party Liability
5759		COB Attachment On Claim – Pend For Manual Review		22						Third-Party Liability
5761		Member Has Primary Insurance Coverage - Pay and Chase	Pay & Report code Not Needed							Third-Party Liability
5762		HMO Coverage – Submitted Charge greater Allowed Charge		24 - 42	N14					
5764	2272	Member is Mcare part A Eligible		22	MA92					
5765	2265	Member is Mcare part B Eligible		22	MA92					
5766	2273	Member is Mcare part A Eligible with attachment		22	MA92					
5767		Member is Mcare part B Eligible with attachment		22	MA92					
6000		COS 840(Specialty 249) and COS 200 Providers cannot bill on the same or overlapping DOS	Deny	97	M86					Provider Eligibility
6002		PASRR Services Duplicate		18	M86					

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6003		Bilateral And Unilateral Surgical Procedure Codes Cannot Be Billed On The Same Date Of Service	Suspend	B18	M86					Hospital
6005		Duplicate Health Check Procedure Code Not Allowed		18	N20					Health Check
6006		Complete Health Check Screening Not Allowed For The Same Date Of Service As - <b>Non Health Check</b> This Procedure Code	Deny	18	N20					Health Check
6007		Procedure Code Not Allowed For The Same Date Of Service As A Complete Health Check Screening	Deny	18	N20					Health Check
6008		Service for Member Has Been Paid To Another Provider		B13						General
6010		Suspect Duplicate – Children's Intervention Services Versus Outpatient Mental Health Services	Deny	18	M86	N20				General
6011		Provider Had Previous Knowledge Of Member's Eligibility	Deny	B5	N59					General
6012		Suspect Crossover Duplicate	Deny	18	M86					Medicare X-overs
6013		Visits/H & P/Consultation Included In Surgery Reimbursement – Do Not Resubmit		A1	M15	M144				
6014		visits/H & P/Consultation Included In Surgery Reimbursement – Do Not Resubmit Pay & Report	<b>Pay &amp; Report code Not Needed</b>							Dental
6015		Date Of Service On Anesthesia Claim Already Paid	Deny	18	M86					Physician Services
6016		Payment Reduced-Hospital Leave Exceeds 7 Days Per Visit	Deny	119	M53					Hospital
6017		Payment Reduced-Plan Leave Limits Have been exceeded		119	M53					
6018		Neonatal, Emergency, Critical Care, Consult Or Visitation Procedure Code Not Reimbursable On Same Date Of Service	Deny	16	N20					Hospital

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6019		<b>Repeat Surgical Procedure within 2 days</b>	Deny	59	N61					Hospital
6020		Anesthesia for this Date of Service Has Already Been Paid by the Department of Medical Assistance	Deny	A1	M86					Physician Services
6021		<b>Claim Is A Duplicate Of A Paid or Current Approved Claim</b>		18	M86					
6022		Possible MRWP Duplicate Against Hospice, Mental Health, Community Care, Or Nursing Home	Deny	18	M86					
6023		Service Not Allowed During Member's Hospital Stay	Deny	18	N20					Hospital
6024	<b>Same as 6093</b>	Suspect Duplicate Home Health And Community Care		18	N20					
6025		Suspect Duplicate Claim For Professional File	Deny	18						General
6028		Sterilization/Hysterectomy – Pend For Review	Deny	133						Physician Services
6029		Case Management Claim Cannot Be Billed In The Same Calendar Month As A Paid Claim From The Same Or Another Case Management Program	Deny	N20	N59					Case Management
6030		Medicare Deductible Amount Exceeds Allowable	Deny	42	N18					Medicare X-overs
6031		COS 091 Claim Overlaps Same DOS as COS 070	Deny	18	M86					General
6033		Therapy/Children Intervention Services Duplicate	Deny	18	M86					
6037		Therapy/Children Intervention Services Duplicate (Pay & Report)	<b>Pay &amp; Report code Not Needed</b>							

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6038		Inpatient interim Claim Replacement no valid		16	MA130					
6039		Payment Reduced-Alternative Living Leave Limits Have been exceeded		119	N59					
6051		PASRR Services Duplicate Allowed	Pay & Report code Not Needed							
6053		Service for Member Has Been Paid To Another Provider - Allowed	Pay & Report code Not Needed							
6054		Possible MRWP Duplicate Against Hospice, Mental Health, Community Care, Or Nursing Home - Allowed	Pay & Report code Not Needed							
6055		Service Not Allowed During Member's Hospital Stay- Report	Pay & Report code Not Needed							
6056		COS 900 Billed For Same/Overlapping DOS As COS 010, COS 680, COS 681	Pay & Report code Not Needed							
6065		Pay The Lesser Allowed Amount when Two or More Procedures Are Billed		18	N14					
6066		Pay The Lesser Allowed Amount when Two or More Procedures Are Billed (Pay and Adjust)		18	N14					
6070		Comprehensive Visit (Y0196) Must be paid Before Y0197, Y0198 or Y0199 Can be Billed		B5	N59					
6071		Follow-Up Care Not Covered Without Paid Surgery Code		107						
6072		Escort Not Allowed When Transportation Codes Are Not Paid		107						
6086		Incomplete Health Check Exam; Blood Lead Level Not Done		107	N78					

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6087		Escort Billed With Minizan Must Be For Same DOS		125	MA31	N59				
6088		Claim Is Pending Review By The Department of Medical Assistance		133						
6089		Multiple Surgery Within 2 Days - Podiatry		133 - 59						
6090		Incomplete Health Check Exam; Vision and Hearing Codes Not Documented		107	N78					
6091		Only One Complete Screening Allowed Per Screening Sequence		35	M86	N59				
6093		<b>Suspect Duplicate Home Health And Community Care</b>		<b>133</b>						
6094		Service Billed Is Included In The Health Check Program Separate Billing Is Not Covered		97	M86					
6095		Service Billed Is Included In The Health Check Program Separate Billing Is Not Covered (Pay & Report)	<b>Pay &amp; Report code Not Needed</b>							
6096		Complete Health Check Screening Not Allowed on Same DOS as a Vision or Hearing Only Procedure		B5	N59					
6097		Interperiodic Vision or Interperiodic Hearing Only Procedure Not Allowed For the Same DOS As A Complete Screening		B5	N59					
6098		Dispensing Fee Code(s) Paying Without History of Optical Device Procedure Payment		107						

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6099		Procedure Code Y5150 (HIPAA S4336) Must Be Paid Before Y5151 (HIPAA S4336) or Y5152 (HIPAA S4337) Are Billed, Procedure Code Y0186 (HIPAA G9012) are Billed, Procedure Code Y0196 Must be Paid Before Y0197, Y0198, or Y0199 are Billed, and Procedure Code Y5100 (HIPAA S4336) Must Be Paid Before Y5101 (HIPAA S4336) or Y5102 (HIPAA S4337) are billed		107	N59					
6100		DO120 Allowed Once When DO110 Paid for Same Provider For Same Calendar Year		119	N59					
6101		Exact Duplicate	Deny	18						General
6102		Possible Duplicate	Deny	18						General
6103		Possible Conflict		18						General
6201		Post-Operative Care by Non-Operating Provider		52	M86					
6202		Pre-Operative Care by Non-Operating Provider		52	M86					
6203		Neonatal, Emergency, Critical Care, Consult or Visitation Procedure Code Not Reimbursable on Same Date of Service		16	N20					
6204		Transfer Logic - Reprocess History Claim		97	N14					
6205		Member Readmitted Within 72 hours of Discharge		97						

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6206		Home Health Visits Not Exhausted		B5	N59					
6207		Duplicate Georgia Better Health Care Claim		18	M86					
6208		Normal Health Check Screening Not Allowed On The Same Date Of Service As This Procedure Code		B5	N20					
6209		Office Visit Procedure Codes Not Allowed On the Same Day of Service As An Abnormal Health Check Procedure Code		97	N20					
6210		S4502 Allowed with Y0186, Y0187, Y0188 or Y0189 on the same DOS if Billed with Therapy Code on Same DOS		16	M86					
6500		Procedure Can Only Be Done Once Per Day	Deny	119	M63					General
6501		Bilateral Procedure, Duplicate	Okay	119	M63					Physician Services
6502		Unilateral/Bilateral Procedure, Duplicate	Okay	119	M63					Physician Services
6503		Assistant Surgeon Never Allowed	Deny	119	M63					Physician Services
6504		Experimental Procedure		119	M63					Physician Services
6505		Mutually Exclusive Procedure Denied		119	M63					General
6506		Medical Visit Procedure		119	M63					Physician Services
6508		Procedure Not Valid With Age		119	M63					General
6509		Intensity of Service		119	M63					General
6510		Duplicate Procedure		18	N59					General
6511		Replace with Established Patient Procedure		119	M63					General



# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6512		Diagnosis to Procedure Comparison	Pay & Report code Not Needed	11						General
6513		Undefined Procedure Code		97	M15					General
6514		Re-Bundle Procedure		B5	M15					Physician Services
6515		Cosmetic Procedure		48	N59					Physician Services
6516		Unlisted Procedure		96	N59					General
6517		Cosmetic and Undefined		48	N59					Physician Services
6518		Obsolete Procedure		48	N59					General
6519		Procedure Not Valid For Male		7						General
6520		Procedure Not Valid for Female		7						General
6521		Procedure Only for Member Less One Year		6						General
6522		Procedure For Member One To Seventeen Years		6						General
6523		Procedure Only Maternity Members 12-55 Years		6						Physician Services General
6524		Procedure Only Members 14 Years and Older		6						General
6525		Assistant Surgeon Sometimes Allowed		16	N59					Physician Services
6526		Professional Comoponent Modifier not valid		4	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
6527		Claim Check System Error		133						General
6528		Claim Check Process Control		133						General
6529		Incidental Procedure Code		97	N59					
6530		NCCI Edit		A1	N59					
6531		Procedure Deleted from Claim Check		133 - 16	M67	MA66				
7000		Allow Only 6 Units Per Rolling Year Per Member Without Prior Approval		62						General
7001		Allow Only 2 Units Per Rolling Year Per Member Without Prior Approval		62						General
7002		Allow 1 Unit Every Two Rolling Years Per Member Without Prior Approval		62						General
7003		Procedure Code Y3334 Limited To Six Units Per Member Lifetime		149						Waivers
7004		Y3333 And Y3334 Limited To One Unit Of Service Per Month	Deny	119	N59					Waivers
7005		Procedure Code Y3339 & Y3316 Is Limited To 960 Units Per Member Per State Fiscal Year	Deny	119	N59					Waivers
7006		Total Amount Paid For Y3338 Exceeds Member State Fiscal Year Limit	Deny	119	N59					Waivers
7007		Total Amount Paid For Y3340 Exceeds Member Monthly Limit	Deny	119	N59					Waivers
7008		Allow Only 24 Units Per Rolling Year Per Member Without Prior Approval	Deny	62	N59					DME General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7009		<b>Procedure Codes Limited To 2 Units Per Calendar Year</b>	Deny	119	N59					Procedure Code Specific
7011		Procedure Code 92508 Limited to 120 Units Per Calendar Year Without Prior Approval For Affected COS 960 Only	Deny	62	N59					Procedure Code Specific
7012		Procedure Code 92510 Limited To 8 Units Per Calendar Year Without Prior Approval	Deny	62	N59					Procedure Code Specific
7013		Procedure Codes Limited To 480 Units Per Calendar Year Without Prior Approval		62	N59					General
7014		Procedure Limited To 40 Units Per Calendar Month Without Prior Approval- <b>Procedure limited to 4 units per DOS</b>	Deny	62	N59					General
7015		Procedure Code 92586 Limited To 3 Units Per Calendar Year	Deny	119	N59					Procedure Code Specific
7016		Procedure Code Y3342 Limited To One Unit Of Service Per Month	Deny	119	N59					Waivers
7017		Procedure Code Y3341 Limited To \$10,000 Per Member Per State Fiscal Year	Deny	119	N59					Waivers
7018		Procedure Code Y3341 Limited To One Units Of Service Per Month	Deny	119	N59					Waivers
7019		Only 20 Units Allowed Per Calendar Month Without Prior Approval	Deny	62	N59					General
7020		Only Ten Units Allowed Per Calendar Month Without PA	Deny	62	N59					General
7021		Only One Unit Each Allowed Per Calendar Month Without PA	Deny	62	N59					General
7022		Only Two Units Each Allowed Per Calendar Month Without PA	Deny	62	N59					General
7023		Only 3 Units Allowed Per Calendar Month Without PA	Deny	62	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7024		Only Four Units Each Allowed Per Calendar Month Without PA – AI1190	Deny	62	N59					Procedure Code Specific
7025		Only 5 Units Allowed Per Calendar Month Without Prior Approval	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7026		Allow 31 Units Per Calendar Month Without Prior Approval	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7027		Procedure Codes Y4081, Y4082, And Y4083 Limited to 60 Hours Per Calendar Month	Pay up to the limit, cutback and post the cutback exception	62	N59					Independent Care - no separate program tab
7028		Procedure Codes Y4081, Y4082, And Y4083 Limited To 360 Units Per Calendar Year	Pay up to the limit, cutback and post the cutback exception	62	N59					Independent Care - no separate program tab
7029		Total Paid Amount Exceeds The Limit Per Member Per Lifetime	Pay up to the limit, cutback and post the cutback exception	119	N59					General
7030		Procedure Limited To 24 Units Per Date Of Service	Pay up to the limit, cutback and post the cutback exception	119	N59					General
7031		Allow 31 Units Per Calendar Month Without Prior Approval	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7032		Allow 200 Units Per Calendar Month Without Prior Approval	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7033		Allow 2 Units Per Rolling Year Without Prior Approval	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7034		Procedure Limited To 2 Units Per Calendar Year Unless Prior Approval Obtained	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7035		Procedure Limited to 120 Units Per Calendar Year Unless Prior Approval Obtained	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7036		Procedure Codes Limited To 120 Units Per Calendar Year Unless Prior Approval Obtained	Pay up to the limit, cutback and post the cutback exception	62	N59	M86				General
7037		Only Four Units Each Allowed Per Rolling Year Without Prior Approval	Deny	62	N59					General
7038		Only Six Units Allowed Per Rolling Year Without Prior Approval	Deny	62	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7039		Allow 124 Units Per Calendar Month Without Prior Approval	Deny	62	N59					General
7040		Procedure Code J1630 And J1631 Allowed Six Per Calendar Month Per Detail	Deny	119	N59					Psych
7041		Only One Hundred Units Each Allowed Per Calendar Month Without Prior Approval	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7042		Procedure Y0247NU Limited To One Unit Per Calendar Month	Pay up to the limit, cutback and post the cutback exception	119	N59					DME
7044		Provider Limitation Audit For Psychology And Psychiatric Services	Okay, pay up to limit and cutback	119	N59					Psych
7045		Procedure Code Limited To 10 Units Per Calendar Month	Pay up to the limit, cutback and post the cutback exception	119	N59					General
7046		Procedure Limited To 125 Units Per Calendar Year Unless Prior Approval Obtained	Pay up to the limit, cutback and post the cutback exception	62	N59					General
7047		Procedure Limited To 2 Units Per Calendar Year Unless Prior Approval Obtained	Deny	62	N59					General
7048		Procedure Limited To 4 Units Per Calendar Year Unless Prior Approval Obtained	Deny	62	N59					General
7049		Procedure Limited To 5 Units Per Calendar Year Unless Prior Approval Obtained	Deny	62	N59					General
7050		Procedure Limited To 6 Units Per Calendar Year Unless Prior Approval Obtained	Deny	62	N59					General
7051		Procedure Limited To 9 Units Per Calendar Year Unless Prior Approval Obtained	Deny	62	N59					General
7052		Procedure Limited To 10 Units Per Calendar Year Unless Prior Approval Obtained	Deny	62	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7056		Procedure Limited To 360 Units Per Calendar Year Unless Prior Approval Obtained	Deny	62	N59					General
7057		Allow Only One Procedure Code Per Member Per Date Of Service	Deny	119	N59					General
7058		Procedure Codes Allowed Once Per Lifetime	Deny	149						General
7059		Procedure Code Limited To One Per Rolling Year		119	N59					General
7060		Procedure Code Exceeds Maximum Amount Per Calendar Year Without Prior Approval	Deny	62	N59					General
7062		Post Cataract Follow-Up Exceeds One Unit Per 14 Days		119	N59					
7064		Procedure Limited To 12 Per Date Of Service	Deny	119	N59					General
7065		Procedure Code Y3019, Y3026 And Y3020 Limited To 155 Hours Per Month	Deny	119	N59					Psych
7066		Procedure Code Y3019 Limited To 480 Hours Per Year	Deny	119	N59					Psych
7068		Total Paid Amount Cannot Exceed \$10,400.00 Per Member Per Lifetime	Deny	149	N59					General
7069		Y3824 Reimbursed Once Per Week	Deny	119	N59					Procedure Code Specific
7070		Total Paid Amount For Y3321 Cannot Exceed \$3,120.00 Per Member Per Lifetime		149	N59					Procedure Code Specific
7072		Procedure Limited To 24 Per Date Of Service	Deny	119	N59					General
7074		Procedure Allowed One Per Five Years	Pay limit and cutback	119	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7075		Total Amount Paid For Y3322 Exceeds Member State Fiscal Year Limit	Deny	119	N59					Waiver
7076		Total Paid Amount Cannot Exceed \$13,474.76 Per Member Per Lifetime	Deny	149	N59					General
7077		Procedure Allowed Two Per Lifetime	Deny	149						General
7079		Procedure Code Y3324 Limited To One Unit Per Member Per Lifetime	Deny	149						Waiver
7086		Procedure Code Y5151, Y0188 or Y5101 Only Allowed Three per Calendar Year	Deny	119	N59					Case Mngt.
7087		Procedure 90712 Allowed Six Times Per Lifetime	Deny	149						Physician Services
7088		Procedure Y5400 Or Y5401 Allowed Once Per Member Lifetime	Deny	149						Per Sheldia - no local code in system
7089		Procedure Limited To 1 Per 90 Days With Diagnosis 585 or 586	Deny	119	N59					Procedure Code Specific
7090		Procedure Limited To 1 Per Calendar Month With Diagnosis 585 or 586	Deny	119	N59					Procedure Code Specific
7091		Family Planning Limited To One Per <b>11 months</b>	See text	119	N59					Physician Services
7092		Procedure Codes Y3191, Y3192, Y3193, And Y3194 Limited To One Per Calendar Month	Deny	119	N59					Case Mngt.
7094		Eyeglass Frames Exceed Annual Limit	Okay as written	119	N59					Vision
7095		Lens Exceeds Annual Limit	Okay as written	119	N59					Vision
7098		Lens Exceeds Annual Limit	Deny	119	N59					Vision

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7099		Eyeglass Frames Exceed Annual Limit	Deny	119	N59					Vision
7101		Lens Pair Exceeds Annual Limit For Members Under 21	Deny	119	N59					Vision
7102		Lens Pair Exceeds Annual Limit For Members Under 21	Deny	119	N59					Vision
7103		Only One (1) Visit Allowed per Month of Service	Deny	119	N59					General
7104		Procedure Y0196 Limited To One (1) Per 180 Days For Comprehensive Perinatal Assessment	Deny	119	N59					Case Mngt.
7105		Procedure Y0199 Limited To One (1) Per 280 Days For Postpartum Perinatal Assessment	Deny	119	N59					Case Mngt.
7106		Procedure Y0198 Limited To Two (2) Per 280 Days For Extended Follow-Up	See Text – cutback and post cutback exception	119	N59					Case Mngt.
7107		Procedure May Be Performed Once In Lifetime	See Text – cutback and post cutback exception	149						General
7108		E0183-NU And E0178NU Allowed Once Per Two Years	deny	119	N59					
7110		Lifetime Limit For Procedure Codes Has Been Exceeded	Deny	149						General
7115										
7116		Procedure Code Y0187, Y0188, Y0197, Y0198, Y0199, Y5150, Y5151, Y5152, Y5163, Y5170, Y5500, Y5101 And Y5102 Limited To One Unit Per Month	Deny	119	N59					Protective Services - Child and Adult - Not in program specific tab
7117		Group Training/Counseling Y3015 Limited To 60 Units Per Month		119	N59					Psych Procedure Code Specific
7118		Procedure Codes Y3308-Y3315 Max 312 Hours Per Person Per Fiscal Year	Deny	119	N59					Waivers



# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7119		Norplant Services Limited To Two Per Five Years	Deny	119	N59					Physician Services
7120		Only One (1) Billing Of Revenue Code 942 Allowed Per Year	Deny	119	N59					
7121		Procedure Allowed One (1) Per 280 Days		119	N59					General
7122		Procedure Allowed One (1) Per Year	Deny	119	M90					General
7125		Procedure 90801 Allowed Once Per Calendar Year – Limit Exceeded	Deny	119	N59					Psych
7126		Procedure Allowed 10 Hours (20 Units) Per Calendar Month	Deny	119	N59					General
7130		Limitation On Hours For Child And Adolescent Day Treatment Y3018	Inactive	119	N59					Psych Procedure Code Specific
7131		Procedure Code Y3325 Limited To One Unit Per Month Per Member	Deny	119	N59					Waiver
7132		Procedure Code Limited To Six Units Per Member Per Lifetime		149						General
7133		Procedure Code Y5150, Y0186, and Y5100 Allowed Once Per Lifetime Per Member	Deny	149						Case Mngt.
7136		Procedure Limited To One Per Member Per Calendar Year	Deny	119	M90					General
7137		Procedure Limited To One Every Six Months	Deny	119	N59					General
7138		Procedure Limited To One Per Calendar Month Per Member	Deny	119	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7139		Procedure Limited To One Every Three Months	Pay up to a maximum of 15 units, cutback all units over 15	119	N59					General
7142		Intensive Day Treatment (Partial Hospitalization) Y3001 Limited To 180 Units Per Month	Deny	119	N59					Psych Procedure Code Specific
7144		Procedure Y4040 Or Y4091 Allowed Once Per Calendar Month Per Provider	Pay up to a maximum of 1 unit, cutback all units over 1	119	N59					Case Mngt.
7146		Procedure Y4015 Or Y4030 Allowed Once Per Member Per Residence	Deny	119	N59					Independent Care - No separate Tab
7148		Procedure Code Y4041 Allowed Once Per Calendar Year Per Member	Pay up to a maximum of 1 unit, cutback all units over 1	119	M90					Independent Care - No separate Tab
7149		New Patient Visit Code Limited To Once Every Three Years	Deny	119	N59					General
7152		Procedure Y4033 Allowed Once Per Calendar Month	Deny	119	N59					Independent Care - No separate Tab
7153		Procedure Code Y3304 Is Limited To 960 Units Per Fiscal Year	Deny	119	N59					Waiver
7154		Procedures Y3300, Y3301, Y3302, And Y3303 Cannot Exceed 31 Per Month	Deny	119	N59					Waiver
7155		Procedure Code Limited To 240 Units Per Fiscal Year	Deny	119	N59					General
7156		Procedure Code Y3316 Limited To 80 Hours Per Calendar Month	Deny	119	N59					Waiver
7157		Procedure 90160-TC Or 99341-TC Limited To A Total Of Two (2) Per 280 Days	Deny	119	N59					Physician Services
7158		Procedure Code Y3020 Limited To 1860 Units (Hours) Per Calendar Year	Deny	119	N59					Procedure Code Specific

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7160		HIB Vaccine Limited To Four (4) Per Calendar Year	Deny	119	N59					Physician Services
7161		Activities Therapy Y3011 Limited To 360 Units Per Month	Deny	119	N59					Procedure Code Specific
7162		Crisis Management Y3013 Limited To 120 Units Per Month	Deny	119	N59					Psych
7163		Procedure Limited To One Every Six Months	Deny	119	N59					General
7164		Ambulatory Detoxification Y3005 Limited To 960 Per Month	Deny	119	N59					Procedure Code Specific
7165		One Extraction Allowed Per Tooth	Deny	35	N39					Dental
7167		Procedure Allowed One Per 24 Months	Deny	119	N59					General
7168		Procedure Y5350-01 Or Y5351-01 Limited To One Per 280 Days	Okay as written	119	N59					Procedure Code Specific
7171		Repairs For D.M.E. Exceed The \$400.00 Yearly Maximum	Deny	119	N59					DME
7173		Home Delivered Meals Limited To 14 Units Per Week	Deny	119	N59					
7178		Psychiatric Service Limited To One Per DOS	Deny	119	N20					Psych
7185		Day Habilitation Services Limited To 240 Days Or 1440 Hours	Pay up to the limit, cutback and post the cutback exception code	119	M86	N59				
7186		Y5352-01 And Y5353-01 Limited To One per Lifetime	Pay up to the limit, cutback and post the cutback exception code	149						Preganncy Related - not in program spec. tab
7187		<b>Daily</b> Limitation Has Been Reached For Procedure Code Billed	Deny	119	N59					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7188		Procedure Code D2710 Or D2751 Limited To One Per Three Calendar Years	Deny	119	N59					Dental
7189		Nursing Assessment And Health Services Y3006 Limited To 16 Units Per Day		119	N59					Dental
7190		No Sealant Allowed If Tooth Has Been Extracted Or Received Restorative Services		16	N39					Dental
7193		Procedure Code Allowed Twice Per Day And No More Than Two Procedure Codes Per Week	Deny	119	N59					General
7194		Member Limited To One Childbirth Education Provider Per Calendar Year (Suspend the Claim)		133 - 119	N59					
7195		Member Limited To One Childbirth Education Provider Per Calendar Year	Deny	119	N59					General
7196		Depo Provera Injection Limited To 5 Units Every 365 Days	Deny	119	N59					General
7197		Condoms Limited To 14 Units Every 365 Days	Deny	119	N59					General
7198		Hearing Aid Not Replaceable Within 3 Years	Deny	119	N59					General
7205		Procedure Code Limited To One Per Calendar Year	Deny	119	N59					General
7206		Procedure Code Limited To One Per 90 Days	Deny	119	N59					General
7207		Procedure Code Limited To 20 Units Per Calendar Month	Deny	119	N59					General
7208		Member Has Exceeded 10 Unit Limit Of Psychological Services	Deny	119	N59					Psych

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7217		Procedure Code 80055-01 Or 80055-26 Cannot Be Billed On The Same Date Of Service With 85022-01, 85022-26, 85025-01, 86287-01, 86287-26, 86592-01, 86592-26, 86762-01, 86850-01, And 87340-01	Deny	97	M63	N59				Physician Services
7219		Procedure Code 80058 Cannot Be Billed For The Same Date Of Service With 82040, 82250, 84075, 84450, And 84460	Deny	A1	M63	N59				Physician Services
7220		93510 Included In Procedure 93526, 93527, 93528, 93529	Deny	97	N59	N19				Physician Services
7221		Service Billed Included In Global Obstetrical Fees	Deny	97	N59	N19				Physician Services
7225		93526, 93527, 93528, Or 93529 Cannot Be Billed In Combination With 93510	Deny	97	N19	N59				Physician Services
7226		Procedure 80091 Cannot Be Billed For The Same Dates Of Service With 84436 And 84479	Deny	97	M86	N19	N59			Physician Services
7228		Total Amount Paid For Y3337 Exceed Member State Fiscal Year Limit	Deny	119	N59					Procedure Code Specific
7233		Prior Approval Required After One Month Rental	Deny	62	N59					DME
7239		Restoration Services Non-Covered For Previously Extracted Tooth	Inactive	46	N39	N59				Dental
7240	7439	Follow-Up Care Not Covered Without Paid Surgery Code	Deny	46	N59					Physician Services
7245		Procedure Codes Restricted To Single Provider	Deny	B5	N59					General
7247		Emergency – Open Pulp Chamber Not Allowable When Root Canal Procedure Completed		97	N39	N59				Dental
7249		Not Covered on same day as Eval/Mgmt Service	Deny	A1	N20					Psych
7250		Extra-Capsular Procedure Billed For Same Date As Intra-Capsular Procedure	Deny	A1	N19	N20				

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7251		Intra-Capsular Procedure Billed For Same Date As Extra-Capsular Procedure	Deny	A1	N19	N20				
7252		Y4240 Or Y4260 Must Be Billed For Same Date Of Service As Day-Care Procedure Code	Deny	107	N59					Waiver
7256		Suspect Procedure Previously Paid Within A Rolling Thirty Day Period	Deny	B13	N59					Physician Services General
7257		Assistant Surgeon Fee Has Been Paid For Same Pregnancy	Deny	97	M86	N59				Physician Services
7258		Procedure Billed Is Restricted To State Laboratory	Deny	38	N59					
7259		Fetal Monitoring Procedures Billed Within 280 Days of Delivery Procedure	Deny	97	M86	N59				Physician Services
7260		Delivery Procedure Cannot Be Billed Within 280 Days of Fetal Monitoring Procedures		97	M86	N59				Physician Services
7261		Invalid Diagnosis For Procedure	Deny	11	M76	MA63	M64			General
7262		Diagnosis Code Not Covered For Optometric Service	Deny	11	M76	MA63	M64			Vision
7263		Coverage Limited To Diabetes And/Or Peripheral Vascular Disease	Deny	47	N59					Physician Services
7350		Member Cannot Receive Services Simultaneously Under Both the Old and New MRWP Waivers	Deny	A1	N59					Waiver
7351		Procedure Codes Y4084, Y4085 And Y4086 Are Not Allowed On The Same Date Of Service	Deny	A1	M63	N59				Independent Care
7352		Procedure 92586 Cannot Be Billed In Combination With 92585 For The Same Date Of Service And Member	Deny	A1	M63	N59				Procedure Code Specific

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7353		Procedure Code 92587 Cannot Be Billed In Combination With 92588 For Same Date Of Service For The Same Member	Deny	A1	M63	N59				Procedure Code Specific
7354		Procedure Code Y3341 Not Allowed On Same Or Overlapping Dates Of Service As Y3307, Y3326, Y3316 And Y3339	Deny	A1	N59					Waiver
7355		Y3307, Y3326, Y3316 And Y3339 Not Allowed On Same Or Overlapping Dates Of Service As Y3341	Deny	A1	N59					Waiver
7356		Procedure Code Y3343 Is Not Allowed On The Same Or Overlapping DOS As Y3300-Y3303, Y3308-Y3315, Y3319-Y3323, Y3335-Y3338 Or Y3340	Deny	A1	N59					Waiver
7357		Procedures Codes Y3300-Y3303, Y3308-Y3315, Y3319-Y3323, Y3335-Y3338 Or Y3340 Are Not Allowed On The Same Or Overlapping DOS As Y3343	Deny	A1	N59					Waiver
7358		Procedure Code Y3344 Is Not Allowed On Same Or Overlapping DOS As Y3327-Y3330 And Y3332	Deny	A1	N59					Waiver
7359		Procedure Code Y3327-Y3330 And Y3332 Are Not Allowed On Same Or Overlapping DOS As Y3344	Deny	A1	N59					Waiver
7360		Procedure Code Y4081, Y4082 And Y4083 Not Allowed On Same DOS	Deny	18	M86	N59				Independent Care
7361		Procedure Code Y4070 And Y4071 Not Allowed On Same DOS	Deny	18	M86					Independent Care
7362		Independent Care Procedure Billed For The Same DOS As Home Health Procedure	Deny	18	M86					
7363		Home Health Procedure Cannot Be Billed On Same DOS As An Independent Care Procedure	Deny	18	M86					
7364		Procedure Code J1630 And J1631 Allowed Six Per Calendar Month Per Detail (Suspend the Claim)	Deny	119	N59					Psych

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7367		Multiple Units Of Automated Test Cannot Be Billed For The Same Dates of Service. Combine Automated Test And Resubmit on Adjustment	Deny	97	M15	M63	M71			Physician Services
7368		Multiple Units Of Automated Tests Cannot Be Billed For Same DOS		97	M15	M63	M71			Physician Services
7369		Procedures 99238, 99431, 99432 Or 99435 Not Allowed For Same DOS	Deny	A1	M86	N59				Procedure Code Specific
7370		Procedure Codes 99431, 99432, And 99435 Cannot Be Billed For Same Date Of Service For Same Member	Deny	A1	M86	N59				Procedure Code Specific
7373		Procedure 20100-20103 Cannot Be Billed For Same Date Of Service As 32100-32160 or 32650-32665	Deny	97	M80	N19				Physician Services
7374		Procedure 32100-32160 or 32650-32665 Cannot Be Billed For Same Date Of Service As 20100-20103	Deny	97	M80	N19				Physician Services
7375		Y3823 and Y3824 not allowed in same Calendar Month of Service	Deny	A1	M86					Community Care - not in specific tab
7376		D0130 D9440, D0140 or Y0035 Cannot Be Billed for the Same DOS as D0110 or D0150	Deny	A1	M63	M86				Dental
7377		D0130 or D9440 Cannot Be Billed With Y0035 or D0140	Deny	A1	M63	M86				Dental
7379		Dental Office Exam Is Not Covered On Same DOS As Dental Nursing Home Visit	Deny	18	M86	N59				Dental
7380		Dental Office Exam Is Not Covered On Same DOS As Dental Nursing Home Visit	Deny	18	M86	N59				Dental
7381		Y3823 And Y3824 Not Reimbursable For Same Month Of Service	Deny	A1	M86	N59				Community Care - not in specific tab
7382		Y3823 Has Been Reimbursed For This Month of Service	Deny	18	N59					Community Care - not in specific tab
7383		Y0035, D0140, D9440 Or D0130 Not Allowed On Same DOS As D0110 Or D0150	Deny	18	M63	M86				Per Sheldia - no local code in system



# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7384		Y0035 Or D0140 Cannot Be Billed On The Same DOS As D0130 Or D9440	Deny	18	M63	M86				Per Sheldia - no local code in system
7385		Procedure Allowed One Per Five Years (Suspend the Claim)	Deny	119 - 133	N59					General
7386		Procedures 93510, 93543 And 93545 Cannot Be Billed For Same DOS	Deny	16	N20					Procedure Code Specific
7387		Model Waiver Day Care Service Cannot Be Billed For Same Or Overlapping DOS As Home Health Procedures H5300, Y0701-Y0706	Deny	18	M86					Home Health - no separate tab
7388		Home Health Services Cannot Be Billed For The Same DOS As Model Waiver Day Care Service	Deny	18	M86					Waiver
7391		History And Exam Of Normal Newborn Infant Not Covered On Same Day As NICU Initial Visit	Deny	B14	M86	N20				Physician Services
7392		Only One Hospital Admit/Visit/Service Allowed Per DOS	Deny	B14	M86					Hospital
7394		Only One Hospital Admit/Visit/Service Per DOS	Deny	B14	M86	N20				Hospital
7396		Only One Filling Per Tooth Allowed On Same DOS	Deny	119	M63	N20				Dental
7397		Case Management Service For This DOS Has Been Previously Paid	Deny	B13	M63	M86				Case Management
7398		Procedure Codes Y3317 And Y3318 Cannot Be Billed In The Same Calendar Month	Deny	B13	N59					Home Health - no separate tab
7399		Office Visit And Refractive Exam Not Covered On Same Date Of Service		B14	M86	N20				Vision
7400		Refractive Exam And Office Visit Not Covered On Same Date Of Service	Deny	B14	M86	N20				Vision
7401		Procedure 84436 And 84479 Cannot Be Billed For The Same DOS With 80091	Deny	97	M15	M71				Physician Services

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7402		Procedure Allowed One(1) Per 280 Days (Suspend the Claim)	Deny	119	M86	N59				
7403		Procedure Y0600-01 Disallowed On Same/Overlapping DOS With Procedure 90830-52	Deny	B14	M80	M86				Procedure Code Specific
7404		Revenue Codes 821 And 831 Cannot Be Billed For Same Date Of Service	Deny	18	M63	M86				Hospital
7405		Revenue Codes 821 And 831 Cannot Be Billed For Same Date Of Service	Deny	18	M63	M86				Hospital
7406		Procedure Codes Cannot Be Billed In Same Month Per Member		119	M86	N59				General
7407		Neonatal Intensive Care Reimbursement Procedure Code Already Paid	Deny	97	M15	M80	N20			Hospital
7408		Home Health Services Cannot Be Billed On The Same Or Overlapping DOS As Model Waiver Home Care Services	Deny	18	M86					Waiver
7409		Procedure 90830-52 Disallowed On Same/Overlapping DOS With Procedure Y0600-01	Deny	B14	M86					Procedure Code Specific
7411		Procedure Code Y3305 and Y3329 Cannot Be Paid For Same DOS As Y0704	Dependant on codes	97	M86					Waiver
7412		Procedure Code Y0704 Cannot Be Paid For The Same DOS as Y3305 & Y3329	Deny	97	M86					Home Health - no separate tab
7415		Multiple Office Visits Not Covered For Same Dates Of Service	Deny	B14	M63	M86				General
7416		Procedure Codes Cannot Be Billed In Same Month	Deny	119	M86					General
7419		<b>Twelve</b> Family Planning Visits Allowed Per Fiscal Year (Suspend the Claim)	Deny	119	N59					Physician Services

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7420		Home Delivered Meals And/Or Personal Services Procedure Codes And Alternate Living Services Procedure Codes Cannot Be Billed On The Same DOS	Deny	18	N59					
7421		Claim For This DOS Has Been Previously Paid	Deny	B13	M63	M86				General
7422		Individual Lab Procedure Not Allowed With Lab Panel Procedure	Deny	97	M15	M71	M86			
7426		No Payment For Y0403-Y0405 For The Same Member And DOS	Deny	18	M63	M86	N59			Transportation
7427		Procedure Codes Y3001, Y3011, Y3018, Y3019, Y3025, Y3026, YA302, YB302, YC302, YD302, And Y3020 Cannot Be Billed For The Same Date of Service	Deny	18	M63	M86	N59			Psych
7428		Procedure Previously Paid Within A Three Day Period	Deny	119	N59					General
7429		Member Cannot Receive More Than One Unit Per Calendar Year (Suspend the Claim)		119	M90					
7431		<b>May Not Be Billed Within 14 Days Of Each other</b>	Deny	119	N59					Physician Services - this is a pregnancy related service
7432		ECMO, NICU, Or CCU Procedures Cannot Be Billed Together	Deny	A1 - B5	M63	M86	N59			
7436		Global Fee Has Been Paid For Same Pregnancy	Deny	97	M15	M144	N19			Hospital Physician Services
7437		Global And Itemized Fees Cannot Be Billed For This Same Pregnancy		97	M15	M144	N19			Hospital Physician Services
7440		Procedure Previously Paid Within A Rolling Thirty Day Period	Deny	B13	M86					General
7441		Y4240 Not Allowed On Same Or Overlapping DOS As Y4260	Deny	18	M63	M86				Waiver

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7442		Y4260 Not Allowed On Same Or Overlapping DOS As Y4240	Deny	18	M63	M86				Waiver
7443		Allow Only Reimbursement for the Indicated # of Units without Prior Approval for Procedure Codes D9241, D9242, D9310, D9420, D9920	Deny	119	N59					Dental
7444		Home Blood Glucose Monitor and Nebulizer Cannot Be Repaired in the DME Program	Deny	48	N59					DME
7445		<b>Procedure Code 82040, 82274, 82248, 84155,82250, 84075, 84450, and 84460 Cannot Be Billed For Same DOS as 80076</b>	Deny	97	M15	M71	M86			Physician Services
7447		Immunization Procedure Codes Allowed Eight Times Per Member Lifetime – Limit Exceeded		149						Physician Services
7451		<b>Health Check</b> Procedures Code Limited To One Unit Per Date of Service		B5	M63	M86	N20			General
7453		Community Mental Health Proc Code Y3031 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7454		Community Mental Health Proc Code Y3011 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7455		Community Mental Health Proc Code Y3020 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7456		Community Mental Health Proc Code Y3023 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7457		Community Mental Health Proc Code Y3024 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7458		Community Mental Health Proc Code Y3005 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7459		Community Mental Health Proc Code Y3025 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7460		Community Mental Health Proc Code Y3018 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7461		Community Mental Health Proc Code Y3030 Cannot Be Billed On Same Day		A1	M63	N20				Psych

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7462		Community Mental Health Proc Code Y3036 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7463		Community Mental Health Proc Code Y3028 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7464		Community Mental Health Proc Code Y3014 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7465		Community Mental Health Proc Code Y3015 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7466		Community Mental Health Proc Code Y3013 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7467		Community Mental Health Proc Code Y3016 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7468		Community Mental Health Proc Code Y3001 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7469		Community Mental Health Proc Code Y3033 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7470		Community Mental Health Proc Code Y3012 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7471		Community Mental Health Proc Code Y3006 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7472		Community Mental Health Proc Code Y3010 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7473		Community Mental Health Proc Code Y3027 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7474		Community Mental Health Proc Code Y3022 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7475		Community Mental Health Proc Code Y3007 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7476		Community Mental Health Proc Code Y3032 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7477		Community Mental Health Proc Code Y3008 Cannot Be Billed On Same Day		A1	M63	N20				Psych

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7478		Community Mental Health Proc Code Y3034 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7479		Community Mental Health Proc Code Y3035 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7480		Community Mental Health Proc Code Y3026 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7481		Community Mental Health Proc Code Y3009 Cannot Be Billed On Same Day		A1	M63	N20				Psych
7482		Prior Approval Required After 2 Months Rental		62	N59					DME
7483		<b>Y0186, Y0187, Y1088, Y0189 Cannot be billed on the same DOS</b>		149						
7484		<b>Y0187, Y1088, Y0189 Cannot be billed on the same DOS as Comprehensive Visit Y0186</b>		A1	M63	N20	N59			School-Based Services
7485		<b>Procedure Code Y0188 SC Limited to One Unit Per Calendar Month</b>		119	N59					
7486		<b>Procedure Code Y0189 SC Limited to Once per 24 Rolling months</b>		119	N59					
7487		Special Education Transportation		119	N59					Transportation
7488		Y3343 limited to \$20,000 per Member Per State Fiscal Year		119	N59					Procedure Code Specific
7489		Only One Service Code Y0400 – Y0405 or Y0410 Allowed per Date of Service		B5	N59					Procedure Code Specific
7490		Proc Code Y3342 is Not Allowed with Procedures Billed		B5	N59					Procedure Code Specific
7491		Billed Procedures are Not Allowed on the Same/Overlapping DOS as Y3342		B5	N59					Procedure Code Specific
7494		M0064 is Limited to 1 Every 14 Days		119	N59					Procedure Code Specific

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7495		Procedure Limited to One per Lifetime per Member per Provider		35	M86	N59				General
7496		Model Waiver Home Care Services Cannot Be Billed for Same or Overlapping DOS as Home Health Procedures Y0701 and Y0704		A1	N20	N59				Home Health - no separate tab
7497		Ambulance-Excess of 2 Trips per DOS		119	N20	N59				Transportation
7498		<b>Dental Services Exceed \$800 per Member per Provider per Calendar Year without PA.</b>		119	N59					Dental
7499		Bitewing/ Periapical is Not Allowed with Pandrex for the Same Service Dates		A1	N59					Dental
7500		Procedure Limited to Two per <b>Member</b> per Cal Year		149						General
7501		Rental Amounts Total Exceed Purchase Price		A1	M7					DME
7504		<b>Y3825 Reimbursable only once without PA</b>		62	N59					Procedure Code Specific
7506		Procedures Noncovered For Diagnosis		11						
7507		Antepartum Care Not Allowed on Same DOS as an Abortion Procedure		A1	N20					
7508		Maximum Reimbursement For This Equipment Is 10 Month's Rental		A1	M7					
7509		Brachytherapy Includes Hospital Admission and Visits		97	M86					
7510		Procedure codes 01960, 01961, 01967, or 01968 cannot be billed on the same DOS		A1	N20	N59				
7511		Limit Multiple Drug Screens		119	N59					
7512		Limit Screening Sigmoidoscopy		119	N59					

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7513		Procedure Limited to 1 Per Calendar Month With Diagnosis 585 or 586		119	N59	M86				
7514		Procedure Code 85021 cannot be billed with Component Codes On Same DOS		A1	N20	M63				
7515		Procedure Code 85022 cannot be billed with Component Codes On Same DOS		A1	N20	M63				
7516		Procedure Code 85023 cannot be billed with Component Codes On Same DOS		A1	N20	M63				
7517		Procedure Code 85024 cannot be billed with Component Codes On Same DOS		A1	N20	M63				
7518		Procedure Code 85025 cannot be billed with Component Codes On Same DOS		A1	N20	M63				
7519		Procedure Code 85027 cannot be billed with Component Codes On Same DOS		A1	N20	M63				
7520		Procedure Code 85031 cannot be billed with Component Codes On Same DOS		A1	N20	M63				
7521		Only one Procedure Code in the range of 85021-85031 can be paid per DOS per Member per same Provider		A1	N20	M63				
7522		Procedure Code 85022, 85022-26, 85025, 86287, 86287-26, 86592, 86592-26, 86762, 86850, And 83740 Cannot be Billed On Same Dates of Service As 80055 or 80050-26	Pay & Void code Not needed	A1	N20	M63				
7523		Procedure Code 85022, 85022-26, 85025, 86287, 86287-26, 86592, 86592-26, 86762, 86850, And 83740 Cannot be Billed On Same Dates of Service As 80055 or 80050-26	deny	A1	N20	M63				
7524		Procedure Code 82465, 83718, And 84478 Cannot be Billed For Dates of Services as 80061		A1	N20	M63				
7525	7222	Procedure Code 80061 Cannot Be Billed For The Same Date Of Service With 82465, 83718, And 84478	Deny	97	M15	M71	M86			Physician Services
7526	7215	Procedure Code 84450, 85651, 86255, And 86430 Cannot Be Billed For Same Dates Of Service As 80072	Deny	A1	M63	N59				Physician Services



# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

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MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7527	7223	Procedure Code 80072 Cannot Be Billed For The Same Date Of Service With 84450, 85651, 86255, And 86430	Deny	97	M15	M71	M86			Physician Services
7528		Procedure Code 84436, 84443, and 84479 cannot be billed for same date of service As 80092		A1	M63	N59				
7529	7218	Procedure 80092 Cannot Be Billed For The Same Dates Of Service With 84436, 84443, And 84479	Deny	A1	M63	N59				Physician Services
7530	7393	Hospital Admit/Visit Is Not Covered On The Same Day As Psychiatric Service	Pend	A1	M86	N20				Hospital
7531		Disallow Hospital Admit/Visit Paid for this DOS as Psychiatric Services		A1	M86	N20				
7532	7390	Medical Visits Cannot Be Billed With Initial/Annual Visit	Deny	A1	M86	N20				Physician Services
7533		Medical Visits Cannot Be Billed With Initial/Annual Visit		A1	M86	N20				
7534	7413	Residential Training Service Cannot Be Billed For The Same DOS As Respite Or Home Based Service	Deny	A1	M86	N20				
7535	7414	Respite Or Home Based Service Cannot Be Billed For The Same DOS As Residential Training Service	As indicated in text	A1	M86	N20				
7536	7417	Procedure Code D9220 Cannot Be Billed For The Same DOS As Procedure Code D9240, D9241 Or D9242	Deny	A1	M86	N20				Dental
7537	7418	Procedure Code D9240, D9241 And D9242 Cannot Be Billed For The Same DOS As D9220	Deny	A1	M86	N20				Dental
7538	7423	Revenue code 841, 845 or 849 not allowed with Dialysis Revenue codes on the same DOS		A1	M86	N20				Hospital
7539		Revenue code 841, 845 or 849 not allowed with Dialysis Revenue codes on the same DOS	deny	A1	M86	N20				
7540	7424	Revenue code 841 not allowed with Revenue code 845 or 849 on same DOS	Deny	A1	M86	N20				Hospital

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7541	7434	Revenue code 841 not allowed with Revenue code 845 or 849 on same DOS	Pay & Void code Not needed							Dental
7543		Procedure Code Billed Not Allowed With Procedure Codes D2940 (Sedative Filling)	deny	A1	M86	N20				
7544	7438	Suturing Not Allowed In Combination With Procedure Codes Billed	Deny	A1	M86	N20				Physician Services
7545		Procedure Code Billed Not Allowed In Combination with Suturing		A1	M86	N20				
7546		Nursing Home Room and Board cannot be billed on the same date of service as General Inpatient Hospice Care		A1	M86	N20				
7547		General Inpatient Hospice Care cannot be billed on the same date of service as Nursing Home Room and Board		A1	M86	N20				
7548		Comprehensive Visit Y 0186 (SC) Limited to Once Per member lifetime		149						
7549		Procedure Code Y 0187 SC Limited to 40 units per calendar month		119	N59					
7550		Procedure Code Y 1087 SC Limited to 4 units per day		119	N59					
7568		Only 1 Unit Allowed Per 3 Rolling Years Without PA		62	N59					General
7801		Procedure Code D0110 or D0150 Allowed One Per Calendar Year	Deny	35	N59					Dental
7802		Dental Examination Exceeds Limit Of 2 Per Calendar Year		35	N59					Dental
7803		Dental Examination Exceeds Limit Of 2 Per Calendar Year		35	N59					Dental
7804		Dental Examination for Child Exceeds Limit Of 2 Per Calendar Year per Major Program		35	N59					Dental

**MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk**

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7805		<b>Procedure D1203 Only Allowed Twice Per Calendar Year</b>		35	N59					Dental
7806		<b>Dental Full Month Radiograph Limited To One In Three Calendar Years</b>		35	N59					Dental
7807		Tooth 02 Limited To One Sealant Per Four Years		35	N59					Dental
7808		Tooth 03 Limited To One Sealant Per Four Years		35	N59					Dental
7809		Tooth 14 Limited To One Sealant Per Four Years		35	N59					Dental
7810		Tooth 15 Limited To One Sealant Per Four Years		35	N59					Dental
7811		Tooth 18 Limited To One Sealant Per Four Years	Deny	35	N59					Dental
7812		Tooth 19 Limited To One Sealant Per Four Years	Deny	35	N59					Dental
7813		Tooth 30 Limited To One Sealant Per Four Years	Deny	35	N59					Dental
7814		Tooth 31 Limited To One Sealant Per Four Years	Deny	35	N59					Dental
7815		Dental X-rays Exceed Limit Of \$100 Per Calendar Year per Major Program	Deny	119	N59					Dental
7816		Dental Prosthesis (Lower) Not Replaceable For 3 Years	Deny	35	N59					Dental
7817		Lower Denture Adjustments Limited To Two Per Calendar Year	Deny	35	N59					Dental
7818		Dental Prosthesis (upper) not replaceable for 3 Years	Deny	35	N59					Dental
7819		Upper Denture Adjustment Limited To Two Per Calendar Year		35	N59					Dental

**MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk**

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7820		<b>Hemo Dialysis or Peritoneal Dialysis Retaining Exceed Limit of 15 Units per Lifetime</b>	Deny	149						
7821		Electroconvulsive Shock Therapy Limited To Twelve Per Calendar Year	Deny	119	N59					Psych
7822		Twelve Family Planning Lab Procedures Allowed Per State Fiscal Year	Deny	119	N59					
7823		<b>Twelve</b> Family Planning Visits Allowed Per Fiscal Year	<b>Pay &amp; Void code Not needed</b>							Physician Services
7824		Fitting And Dispensing Service Exceeds Annual Limit		119	N59					Vision
7825		Fitting And Dispensing Service Exceeds Annual Limit	See text	119	N59					Vision
7826		<b>Hemo Dialysis/Peritoneal/CAPD Training Exceed Limit of 1 Per Lifetime</b>	Deny	149						Hospital
7827		Home Health Visits Exceed 75 Calendar Year Limit	See text	119	N59					
7829		Twelve Nursing Facility Visits Allowed Per State Fiscal Year		119	N59					
7830		Twelve Office Visits Allowed Per State Fiscal Year		119	N59					Physician Services
7831		Twelve Oral Surgery Office Visits Allowed Per State Fiscal Year	Deny	119	N59					Dental
7833		Twelve Podiatry Nursing Facility Visits Allowed Per State Fiscal Year	Deny	119	N59					
7834		Twelve Podiatrist Office Visits Allowed Per State Fiscal Year		119	N59					Physician Services
7835		Prophylaxis for Adult Limited to One per Calendar Year	Deny	35	N59					Dental
7836		Prophylaxis for Child Limited to 2 per Calendar Year		119	N59					Dental

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7837		Psychiatric Evaluation Limited To Five Hours Per Calendar Year	Deny	119	N59					Psych
7838		Reduced/Denied Psychology Limitation For Calendar Year Exceeded	Deny	119	N59					Psych
7839		Outpatient Psychotherapy Limited To 12 Hours (24 Units Per Calendar Year)		119	N59					Psych
7840		Refractive Exam Exceeds Annual Limit	IGNORE	35						Vision
7841		Refractive Exam Exceeds Annual Limit	See text	119	N59					Vision
7842		Refractive Exams Exceed Annual Limit	Deny	119	N59					Vision
7843		Member Cannot Receive More Than One Unit Per Calendar Year	See text	119	N59					General
7844		Tissue Conditioning Limited To Two Each Per Calendar Year		119	N59					
7901		Mammograms Limited to One Per Rolling Year		119	N59					
7902		OB Ultrasound Limited to Three Per Pregnancy		119	N59					
7903		Urinalysis Limited to One Per Rolling Month		119	N59					
7904		Cholesterol and Lipids Limited to One Per Rolling Month		119	N59					
7906		CBC Limited to One Per Rolling Month		119	N59					
7907		Sedimentation Rate Limited to Certain Diagnosis Codes		9						
7909		Itemized codes billed with Global or Delivery Codes for same Pregnancy		9	N59					

**MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk**

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
7910		Visual Field Exam Limited to Certain Diagnosis Codes		11						
7911		Chest X-Ray Diagnosis Restriction		9	N59					
7912		Office E/M Codes and /or U/A Procedure Codes are Included in the Global Obstetrical Fee		B13	M86					
7913		Procedure Code Limited to 2,976 Units Per month		119	N59					
7914		Procedure Code Y3028 Limited to 6 units per day		119	N59					
7915		Procedure Codes Y 3012, Y3029, Y 3034, and Y3035 Limited to 1 unit per day		119	N59					
7916		Procedure Codes Y 3014 and Y 3016 limited to 20 units per day		119	N59					
7917		Procedure Codes Y 3027 limited to 8 units per day		119	N59					
7918		Procedure Y 3027 and Y 3028 Require PA after 72 hours		119	N59					
7919		Procedure Codes Y 3013, Y 3007, Y3030, Y 3033 and Y 3036 Limited to 96 units per day		119	N59					
7920		Procedure Code Y 3005 Limited to 32 units per day		119	N59					
<b>7921</b>		<b>Procedure Code D7110 Cannot be Paid Multiple Times on the Same Date of Service</b>								
8095	5039	Claim Amount has Exceeded the Prior Approved Amount		62	N59					General
8096	5038	Claim Units have Exceeded the Prior Authorized Number of Units		62	N59					General
8097		Co-payment Information Is Invalid	Deny	16	M49					General

# MHN Exceptions to Adjustment Reason and Remark Codes Crosswalk

12/9/2003

MHN #	Old MHN #	MHN Description	Disposition	Primary / Claim Adjustment Reason Code	Remittance Advice Remark Codes					Program Specific Tab
8098		Exception Status Set to Force by Bypass Exception - Reprocess Claim	Super Suspend No Code Needed							
8345		Claim Exceeds Filing Time Period	Deny	29	N59					General
8854		1st Cycle Mass Adj	Super Suspend No Code Needed							General
9157		LI Count is Inv	Super Suspend No Code Needed							General
9378		Claim Table Counts Greater Than Max	Super Suspend No Code Needed							General
9379		System Error	Super Suspend No Code Needed							General
9892		On-size Error	Super Suspend No Code Needed							General
9899		More Than 25 Exceptions		A1	MA130					General
9900		Base Rate Chng Rsns Exceeded	Super Suspend No Code Needed							General